

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

MHK

PLAINTIFF

Kolawole Smith

COURT CASE NUMBER

08C2414

08cv2414

DEFENDANT

TYPE OF PROCESS

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Akilah Marshall, I.S.U.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

9501 S. King Dr., Chicago, IL 60628

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Kolawole Smith
P.O. Box 5290
Chicago, IL 60608-5290Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

5

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

7-28-2008
JUL 28 2008 YMMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

05-30-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

2 of 5

District
of Origin

No. 24

District
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

rd

Date

05-30-08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

W. Norey Shift Commander

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

7/14/08

11:59

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

48.00

Total Mileage Charges
(including endeavors)

11.64

Forwarding Fee

0

Total Charges

59.64

Advance Deposit

0

Amount owed to U.S. Marshal or

59.64

Amount of Refund

0

REMARKS:

10 USM 24 miles 12+
1 hour